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ABSTRACT

A program designed to develop, conduct, and evaluate an educational workshop series to prepare physician's assistant (PA) clinical coordinators to assist clinical instructors in the planning, teaching, and evaluation of students in clinical skills is described. Six regional workshops were held, with two workshops each in three geographic regions. Workshop goals included: developing a strategy for outlining participants' goals for students during clinical rotations; establishing a methodology to meet those goals; determining criteria to be used for measuring the attainment of those goals; planning for the recruitment of clinical instructors; fostering team functioning in clinical sites; and establishing criteria for evaluating clinical sites and clinical instructors. The procedures for setting up the workshops, establishing criteria for participants and programs, and addressing the above goals are detailed, along with the methodological approach, findings, conclusions, and recommendations. The most important recommendation evolves from the finding that most PA faculty have had little or no preparation for teaching and working with preceptors. Since the quality of educational programs depends on the competence of the faculty, it is crucial that PA faculty development be viewed as an important ongoing activity. A variety of audiences should be considered for faculty development efforts, including preceptors, PA program administrators, PA and MD faculty, as well as students. Among the appended materials are participant evaluation forms and evaluators' reports. (Author/SW)

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MODEL DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF FACULTY DEVELOPMENT WORKSHOPS IN TRAINING OF PHYSICIAN'S ASSISTANTS

U S DEPARTMENT OF HEALTH EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

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PREFACE

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ABSTRACT

The purpose of the contract was to develop, conduct and evaluate an educational workshop series to prepare Physician's Assistant (PA) clinical coordinators to assist clinical instructors in the planning, teaching and evaluation of students in clinical skills.

Six regional workshops were held, with two workshops each in three geographic regions--the first three days long, the second, two. Two participants from each program attended each workshop series.

Workshop goals included: developing a strategy for outlining participants' goals for students during clinical rotations; establishing a methodology to meet those goals; determining criteria to be used for measuring the attainment of those goals; planning for the recruitment of clinical instructors; fostering team functioning in clinical sites; and establishing criteria for evaluating clinical sites and clinical instructors.

The final report details the procedures for setting up the workshops, establishing criteria for participants and programs, and addressing the above goals. It also describes the methodological approach and analytical procedures employed, as well as detailing the project findings, conclusions and recommendations.

The most important recommendation evolves from the finding that most PA faculty have had little or no preparation for teaching and working with preceptors. Since the quality of educational programs depends on the competence of the faculty, it is crucial that PA faculty development be viewed as in important ongoing activity.

A variety of audiences should be considered for faculty development efforts, including preceptors themselves, PA program administrators, PA and MD faculty, as well as students.

INTRODUCTION TO MAIN TEXT

Most training programs for physician's assistants are modeled on the traditional training programs for physicians, though PA programs are shorter in length and more limited in scope. During the first part of the program, students spend most of their time in classroom-based and laboratory-based classes in the sciences considered basic to medicine, such as anatomy, physiology and microbiology. During the latter part of the program, students engage in clinical experiences such as clerkshops in internal medicine, pediatrics, and obstetrics and gynecology, and preceptorships with community-based physicians.

For a number of reasons, it is difficult to develop and maintain high quality clinical experiences for PA students. First, most PA programs must rely on physicians to supervise PA students during the clinical experiences. Many of these physicians do not understand the role of the physician's assistant, and most of them have had little or no preparation for their tasks as supervisors. Second, the large majority of PA faculty have had no formal help in designing and evaluating instructional experiences, let alone helping others (preceptors) learn to design and evaluate instructional experiences. Third, PA faculty are faced with the difficult task of having to work with many physicians who feel they are better educated than physician's assistants, and therefore, do not have much to learn from them. Fourth, persons responsible for the clinical

component of PA programs are faced with numerous time consuming logistical concerns, such as scheduling students on rotations and visiting clinical sites which are physically quite far removed from the home institution.

The Federal government, in an attempt to improve the quality of teaching in the clinical component of PA programs, issued an RFP which called for "developing, conducting and evaluating an educational workshop series that would prepare physician's assistant program clinical coordinators to assist the clinical instructors and preceptors in the planning (sic), teaching and evaluation of students in clinical skills." The Department of Health Care Sciences at George Washington University responded to this RFP and was awarded the contract.

MAIN TEXT

PURPOSES AND OBJECTIVES

As just stated, the overall purpose of the contract was to prepare clinical coordinators to assist clinical instructors and preceptors in designing, implementing and evaluating learning experiences which focus on clinical skills. If clinical coordinators are to be, in a sense, teachers of teachers, as well as responsible for the overall design of a training program, they must first themselves be effective teachers who understand and are able to implement the basic principles involved in effective teaching. It would be presumptuous for someone who is not himself/herself

an effective teacher to offer help to others and to design overall programs. Learning the complex skills involved in being an effective teacher involves years, not days. Learning the even more complex skills involved in designing, implementing and evaluating an overall clinical program and helping teachers (preceptors) likewise takes years, not days. Therefore, we realized the workshops could be but a small step in a long process.

Our hypothesis was that many clinical coordinators would have had little or no preparation for teaching or helping others teach effectively. We also hypothesized that clinical coordinators would have a variety of backgrounds and would be at a variety of levels of sophistication regarding educational issues. We speculated that some programs would not have faculty or staff who would be called "clinical coordinators," and we also speculated that clinical coordinators in different programs might have very different roles and responsibilities. For example, we wondered if some clinical coordinators might be responsible primarily for administrative rather than instructional tasks.

Goals and purposes of instructional experiences must be related to the real needs of the students, and they should be formulated jointly by teachers and students. In our faculty development project, we wanted to model the principles we wanted to teach, so instead of presuming to know what the participants needed, we preceded the project with a "needs assessment" (which was funded entirely by the Dept. of Health Care Sciences, GWU). In this needs assessment (which will be described more fully in the next section), we sought responses to questions such as: What are the current characteristics of the clinical components of PA programs? What are the roles and responsibilities of the persons who are called clinical coordinators? What do program directors identify as the barriers to

effective instruction in their programs? What kinds of instructional practices do program directors value and support? What do program directors see as their program's major areas of needs? Who are the people who are responsible for the instructional tasks related to the clinical component of training programs? What kind of preparation have they had for the work they must do? What areas would they like help with at a faculty development workshop?

Our hypotheses were confirmed by our needs assessment. Some programs did not have people called "clinical coordinator". (In some programs, for example, the program director was responsible for the instructional tasks related to the clinical program.) In some programs clinical coordinators were largely administrators. Most of the persons responsible for the clinical program had little or no preparation for their work, and they had different backgrounds and different levels of sophistication regarding educational issues. Sixty-one percent of the participants had never taken a formal course in instruction; fifty-six percent had never attended a workshop on instruction. Forty-one percent had neither taken a course nor attended a workshop on instruction.

Our conclusion was that instead of merely inviting "clinical coordinators" to attend the workshops, it would be important to extend the invitation to persons responsible for the instructional aspects of the clinical program, regardless of their titles. It was also clear that our prospective audience was largely unsophisticated educationally and that we would, therefore, need to concentrate on the basic issues of instructional design, implementation and evaluation. Since our prospective audience had differing needs and levels of understanding, we decided we could not develop a set of specific objectives which would be meaningful,

relevant and realistic for all of them. Rather, we formulated a set of overall goals. These goals are listed under Tab A. Because of the differing characteristics of the participants in each region of the country, the goals varied from workshop to workshop. During the first workshop in each region, participants helped formulate the goals for the second workshop. A major goal which emerged was the development of a network between programs, so programs could share rather than engage in the costly process of "reinventing the wheel."

A major part of the faculty development effort was an opportunity for the teams from each program to plan and carry out a project which addressed an educational issue in their program. The participants developed their own objectives for these projects.

The project director, the Advisory Committee, and the faculty carefully considered the objectives which were part of the scope of work for the contract. These objectives are listed below along with the way in which we addressed them:

1) Participants will develop a strategy for outlining the goals they have for their students during clinical rotations and preceptorships.

Most of the participants had already developed goals and objectives for their various rotations and preceptorships. Many of them were concerned, however, that many physician preceptors did not address these objectives in their teaching. In our discussion groups, we discovered that in many cases, goals and objectives were generated without input from the persons who would be using them -- the physician preceptors and PA students. It was also discovered that some objectives had been developed which had little to do with the skills PA students actually needed when they graduated (e.g., memorizing esoteric material in microbiology). In addition, in many programs, objectives had been developed for simple skills, but not for complex skills.

A good number of participants decided to rework the goals and objectives for one or more rotations. As a result of exercises and discussions at the workshops, they decided: to involve preceptors and students in formulating the objectives; to focus on clarity, appropriateness, relevance, and to develop a mechanism so that goals and objectives could be continually reworked by new students and preceptors. Participants shared the objectives they developed as part of workshop projects as well as objectives they developed prior to the workshops.

2. Participants are to establish a methodology to meet these goals.

One of the principles emphasized at the workshops was the need to design learning strategies which are appropriate and meaningful to individual students. Since every student is unique, it is obviously impossible to design a uniform strategy which will be meaningful and appropriate to all students. At the workshops, we introduced participants to a variety of different kinds of learning strategies, including the use of simulated patients, videotechnology, individualized program learning, written simulations, small group learning, and audio-visuals; and encouraged them to consider ways these methods and resources could be utilized in facilitating their students' learning. We also explored ways they could help preceptors draw on the resources which are unique to their settings, and ways they could help students identify their own learning styles and participate in the development of strategies which would be most helpful to them.

3. Determine the criteria which can be used to measure the attainment of their goals.

At the workshops, we discussed how the process of formulating goals includes deciding what criteria will be used to decide whether the goals have been realized.

4. Plan for the recruitment of clinical instructors and preceptors.

In the needs assessment, program directors and participants indicated this was not a major concern for them. In our discussions of this issue at the workshop, however, it was clear that they are concerned with how to keep preceptors interested in the program. Time was provided so persons from programs which have been successful in recruiting and keeping staff could share their ideas and experiences. Emphasis was placed on the need for good communication between staff and preceptors and the need to involve preceptors in planning and evaluation.

5. Fostering team functioning in clinical sites.

Emphasis was placed on the need for good communication between students and their preceptors, between the staff and preceptors, and among the students, staff and preceptors. Participants were involved in numerous exercises focusing on interpersonal skills. Attention was paid to ways students and supervisors could negotiate with each other.

6. Establish criteria for evaluating the clinical sites and clinical instructors.

These issues were addressed in two different group exercises -- one focusing on the characteristics of effective clinical instructors, the other on the chacteristics of good teaching sites.

PROJECT DESIGN AND METHODOLOGY

During the first month of the project, the project director recruited and hired a research assistant, established an Advisory Committee and a Working Committee (see Tab B), and worked with consultant, Dale Lefever, Ph.D., on the design of the project.

The First Meeting of the Advisory Committee

On November 9, 1977, we held a meeting with the Advisory Committee at which time we made the following decisions:

1. PA Programs would be divided into 3 geographical regions: the Eastern Region, consisting of programs in Connecticut, the District of Columbia, Maryland, Massachusetts, Michigan, New Jersey, New York, Pennsylvania and West Virginia; the South Central Region, consisting of programs in Alabama, Florida, Georgia, Iowa, Kansas, Kentucky, Missouri, North Carolina, Ohio, Oklahoma, and South Carolina; and the Western Region, consisting of programs in Arizona, California, Colorado, Nebraska, New Mexico, North Dakota, Texas, Utah, Washington and Wisconsin.

2. Only programs accredited by the AMA Council on Education would be invited to attend the workshops.

3. Because of limited funding, participants would be selected on a first come, first serve basis, up to 12 programs per workshop.

4. Program directors would select two people from their programs to participate in the workshops. Participants would be faculty/staff involved in the educational aspects of the clinical component of the programs.

5. There would be paired workshops and a working interval in each region, including (a) a 3 day workshop; (b) followed by a 2 month period during which participants would implement projects in their own institutions; (c) followed by a final 2 day workshop.

A Meeting of Clinical Coordinators

During the first month of the contract, a meeting was held with clinical coordinators from the Howard, Essex, George Washington and Alderson-Broaddus Physician's Assistant Programs in order to learn more

about the needs of the institutions and faculty. In addition, two needs assessment instruments were developed--one a program survey to be sent to program directors and the other a workshop participant survey for persons nominated by the program directors to be sent to the faculty development workshops. (This needs assessment project was funded by the Department of Health Care Sciences, George Washington University.)

Sites Established for Workshops

Sites were established for the workshops. Bethesda, Maryland was selected as the site for the Eastern Region workshops; Charleston, South Carolina was selected for the South Central Region workshops (the second workshop in that region was actually held in Atlanta); and Denver, Colorado was selected as the site for the Western Region workshops.

Workshop Faculty Selected

Consultants with considerable national experience in faculty development were asked to serve as faculty for the workshops. They included Dale Lefever, Ph.D., who was then Associate Director of the Division of Faculty Development of the Association of American Medical Colleges (AAMC) and later became Director of Education in the Department of Family Medicine, University of Michigan; Jane Westberg, Ph.D., then project director and Educational Coordinator with the Department of Health Care Sciences, George Washington University and later Associate Director of the National Center for Faculty Development, University of Miami; Stephen L. Yelon, Ph.D., Assistant Director, Learning and Evaluation Services, Michigan State University (Dr. Yelon was only involved in the Eastern Region workshops); and Hilliard Jason, M.D., Ed.D., then the Director of the Division of Faculty Development of the AAMC and now Director of the National Center for Faculty Development. (See Preface for further information.)

Scheduling of Workshops

The first workshop series was scheduled to be held in the Spring of 1978 in Bethesda, Maryland, and the other workshops in the Fall of 1978 and the Winter of 1979. This decision was based on the notion it would be helpful to have some time between the Eastern Region workshops and the other workshops so that what was learned about designing and implementing the Eastern workshops could be utilized in the design of the subsequent workshops. In addition, it was decided that the summer months would be a difficult time to call clinical coordinators together.

The final dates of the workshops were as follows:

Eastern Region	April 23 - 26, 1978
	June 25 - 27, 1978
South Central Region	October 15 - 18, 1978
	January 14 - 16, 1979
Western Region	December 3 - 6, 1978
	February 25 - 27, 1979

The first workshop in each pair (Workshop I) began on a Sunday evening and ended Wednesday noon. The second workshop (Workshop II) began on a Sunday evening and ended Tuesday noon.

Second Advisory Committee Meeting

All of the members of the Advisory Committee, as well as several members of the Working Committee, met on March 16, 1978 with the Project Director and Project Officer to consider the tentative workshop plan and the schedule drawn up by the staff and primary consultant. The committee approved the proposed workshop goals, the faculty, the tentative format and schedule and the evaluation scheme. David Glazer, was approved as the Committee's evaluator for the Eastern Region workshops.

Pre-Workshop Strategies

General announcements of the project were made at the annual meeting of the Association of Physician's Assistant Programs (APAP) and through their publications. The following strategies were used in each region several months prior to Workshop I.

First, program directors were sent a letter announcing the project, explaning the purposes of the project, and alerting them that they would be receiving application forms. Second, program directors were sent more detailed information about the project and were asked to nominate two people from their program to attend the workshop series. Third, participants were sent letters acknowledging their acceptance and explaining the project and its purposes. Fourth, participants were sent a more detailed description of the workshops (including the goals and the schedule) and information about their part in these workshops. Fifth, in the Eastern Region, all participants were phoned to see whether they understood the intent of the project, their part in it and what they were to bring to the workshops.

As noted earlier, the needs assessment was conducted during the pre-workshop period.

Workbook

A workbook was developed and approved by the Advisory Committee.

Workshop Participants

The 76 people who attended the six faculty development workshops are listed in Tab C.

Some Principles on Which the Workshops Were Built

These are some of the principles which the staff kept in mind in designing and implementing the workshops:

- the need for the workshop faculty to model the principles of effective instruction they wanted the participants to learn;
- the need for workshop participants to be active in their own learning;

  (Participants never sat passively listening to presentations. Rather, they were involved in role playing, individual and small group exercises, written simulations, small group discussions and other activities. As much as possible, they were involved in designing and evaluating the activities in which they engaged.)
- the need for the staff to serve as facilitators and consultants to the participants, rather than as traditional teachers who tell students "what they need to know";
- the need for participants to work at their own pace at activities geared to their needs and levels of readiness;

  (In working on their workshop projects, participants were able to engage in a learning activity which was meaningful to them and were able to work at their own pace. The projects themselves reflected the participants' varying levels of sophistication regarding educational issues. Some projects, for example, were very elementary; others were quite elaborate and reflected a considerable understanding of educational issues.)
- the need for participants to interact and learn from each other;

(Traditional education does little to help students do what they can to contribute to their own learning and to the learning of their peers. At the workshops, participants were encouraged to work independently and with peers. The faculty's task of facilitating this process was much more demanding than if the faculty had simply lectured at the participants. Most of the activities were carried out in small groups so participants could come to know each other and be optimally active.)

→ the need to establish a climate of trust.

(Many learners have come to experience education as hurtful and unpleasant. Before, during and between workshops, the staff worked at helping participants feel comfortable and to take the kinds of risks which are necessary in meaningful learning.)

Workshop I

Workshop I opened with an orientation and an opportunity for participants to begin getting to know each other. Emphasis was placed on their roles in the faculty development effort. Participants were encouraged to react to the tentative schedule and to reshape it to meet their needs.

There were six major learning activities. One was a session on learning how to provide effective, constructive feedback. Formative evaluation is lacking in most instructional programs and most instructors do not know how to provide feedback in a helpful way. Videotaped vignettes of students provided opportunities for participants to practice and discuss the skills involved in giving feedback.

In a second activity, entitled "Designing and Evaluating Clinical Instruction", participants discussed the principles involved in designing, implementing and evaluating instructional programs. Emphasis was placed on relating these principles to their own programs and to the workshop projects they were developing.

Two sessions were devoted to "Project Planning". In these sessions teams from each program developed a plan of action for their workshop projects and then had this plan critiqued by the faculty and a small group of peers.

The "PA Exchange" was based on topics of interest to the participants. In each region different topics were selected. They included: student evaluation, preceptor evaluation, program evaluation, selection of students, faculty development for preceptors, and the future of PA's.

"Clinical Instruction in Action" was a session in which participants focused on the one-to-one skills essential for effective clinical instruction. The group was divided into sub-groups of approximately eight participants. In these small groups, participants took turns role-playing a scenario involving a PA student and a patient. Next, a participant role-played the supervisor in a critique session with the student. Emphasis was placed on issues such as jointly formulating goals for the critique session, establishing ground rules for the session, inviting self-critique from the student, and providing constructive feedback.

The final activity was "Sharing of Projects". Each team briefly summarized their plan of action so they could get advice and suggestions from the entire group and so each team was aware of the projects being carried out in other programs. Time was also taken for evaluating Workshop I and planning Workshop II.

Between Workshops

As noted, during Workshop I, teams from each PA Program developed a plan of action for addressing an instructional issue in their program. We, the workshop faculty members, let the participants know we were available as consultants between workshops, but because many of them had not undertaken this kind of project before, we decided to structure our support.

First, a few weeks after Workshop I, we put together a newsletter called NEWSNOTES. It included brief summaries of all the participants' plans of action as well as items of interest, such as information about Workshop II. Second, midway between workshops, we phoned all of the participants to check on their progress, to see if we could be of help, and to see if they had news for NEWSNOTES II. Third, a few weeks before Workshop II, we put together a second edition of NEWSNOTES, which included the participants' progress reports; a suggested outline for the presentation of their project at Workshop II; ideas to make their presentations lively and interesting; areas in which some programs wanted help from other programs (we encouraged participants to be helpful to each other); and the schedule and information about the upcoming workshop. (Samples of Newsnotes I and II from the Western Region are included under Tab D.)

Workshop II

One of the major activities of the second workshop was the participants' presentation of their workshop projects. Each team was given approximately ten minutes for their presentation and twenty minutes for critique and discussion. Emphasis was placed on principles and strategies which had implications for all the participants. Other activities included an exercise in which participants reflected on and practiced skills basic to small group leadership. Participants participated in a role play situation which was

videotaped and critiqued. A third activity focused on the use of small group learning in PA programs. Participants individually completed a written simulation on small groups and then discussed their responses and general issues. A fourth activity was a session in which participants generated a check list of characteristics which are important for effective preceptors and for teaching sites. These lists can be used in evaluating preceptors and sites. A final activity was a presentation/discussion of organizational and management issues basic to bringing about change in PA Programs. Time was taken for evaluating Workshop II and the faculty development project in general, and also for gathering participants' suggestions about future faculty development activities.

Follow-up

In an attempt to respond to the participants' requests to learn about what happened in other regional workshops, to build on the enthusiasm generated during the workshops, and to provide participants with some information which might be helpful in network building, we developed a final issue of NEWSNOTES (see Tab. E) which included information about the various workshop projects as well as news items. Much of the material was collected with a small follow-up questionnaire, the costs of which were completely underwritten by the National Center for Faculty Development.

Third Advisory Committee Meeting

In July, 1978, the advisory committee met and discussed the Eastern Region workshops and the plans for the workshops in the other regions.

EVALUATION

Rationale for Not Using Traditional Strategies

The overall goal of this faculty development project was "to prepare clinical coordinators to assist clinical instructors and preceptors in the planning, teaching and evaluation of students in clinical skills". One way to design and evaluate a project is formulating specific, detailed objectives and the criteria for fulfilling those objectives, and then determining to what extent the objectives were fulfilled. In designing the evaluation system for this project we considered this strategy, but rejected it, as it would be contrary to the following educational principles:

--the importance of having learners help shape the goals of their own learning;

--the necessity for learners to feel committed to the goals and objectives of an instructional experience;

--the importance of formulating goals which are relevant, meaningful and appropriate to each individual learner;

--the importance of formulating goals which are worth achieving, and providing the time and resources needed for the learners to achieve the goals.

It would have been educationally unsound, for example, for us to decide that all workshop participants would be able to write behavioral objectives by the end of the second workshop, and that they would demonstrate they could do this by correctly writing 12 objectives. Given such an example, our success would be determined on the basis of how many participants could write objectives by the end of the project.

It would have been presumptuous of us to decide what was important

for the participants; some of the participants might already have known how to do this; some may not have wanted to learn how to do it; some may not need this skill in their work; some may have needed more time than was provided to learn how to do this.

We were keenly aware that the skills we were to assist the clinical coordinators develop take years, not days, to learn. Even if our audience had been educationally sophisticated, we would not have been able to adequately deal with all of these skills. Our hypothesis, however, was that most of the participants would have little or no background in instruction; that they would each be at a different level of sophistication educationally; that they would learn in different ways, at different paces. (Our needs assessment and direct work with them confirmed our expectations.)

For these reasons, we set the following goals for the project:

1) to learn more about the backgrounds, interests and needs of clinical coordinators (the participants);
2) to help participants become sufficiently enthusiastic about the skills needed for developing high quality clinical programs that they would want to continue working on these skills;
3) to help participants become sufficiently committed to the basic principles of effective instruction that they would want to introduce/carry out these principles in their own programs;
4) to help participants develop and carry out a "workshop project" relevant to their program;

5) to model a way of teaching which participants would chose to encourage in their own program
6) to encourage participants to be more active in their own learning and, hopefully, to want to encourage their students to be active learners
7) to help participants develop a network so PA programs will not individually attempt to "reinvent" the wheel.

Evaluation Strategy

Our evaluation system focused on formative evaluation--particularly involving feedback during the learning experiences which could then be utilized to alter activities so the learning experiences could be maximally helpful. We also used written evaluations which will be described shortly.

Strategies for Participants Feedback

At the beginning of each workshop, we emphasized the importance of continually reflecting on what we were doing (e.g., what was helpful, what was not helpful). In keeping with our philosophy of evaluation, we encouraged participants to give us feedback during the learning experience itself, so we could alter what we were doing and make our time together as helpful as possible. We emphasized this approach because if negative feedback was withheld until the end of a workshop, it would not be of any help to that workshop. We also paid special attention to this issue because we wanted participants to consider stressing formative evaluation in their programs. (Most of the participants came from programs in which students are not evaluated until the end of the experience--when the feedback cannot help them with that particular clerkship or preceptorship, because it is over.)

One of the issues we were aware of was that the more people who are involved in a given learning activity, the more difficult it is to make that activity helpful to all of them. This issue was reflected in the participants' evaluations. (Experiences viewed as helpful and relevant by most participants were seen by a few participants as only mildly helpful.) This was largely because each participant had different needs and different ways of learning. For this reason we minimized large group activities and emphasized small group activities in which the faculty person could more easily accomodate to the specific needs of individuals.

In an attempt to encourage participants to continually reflect critically on their experiences as learners, we designed an evaluation instrument which they could use as a log. We presented them with this form on the opening night of the workshop and invited them to take notes while their experiences were fresh.

Traditional evaluation forms are designed so participants can rate presentations and sessions on such issues as whether the teacher was effective and knowledgeable. Such data are usually not helpful because learners, by definition, are not experts in a field and, therefore, cannot make these kinds of judgements. This approach also encourages passivity on the part of learners, urging them to think of teachers as performers rather than consultants and facilitators.

In the Eastern Region, our evaluation form included both open-ended and closed questions (See Tab F). The data from the closed statements were not very helpful, so in the South Central and Western Regions, we used the following open-ended questions (also see Tab F).

What issues, principles, and strategies discussed/ implemented at the workshhop would you like to

explore more fully?

What issues, principles, and strategies discussed/ implemented at the workshop would you like to try out in your program?

What feedback and suggestions about your project were helpful to you?

In what ways did the staff facilitate/block your learning?

In what ways did you facilitate/block your learning?

In what ways did your peers facilitate/block your learning?

Do you think it would be valuable to continue having national faculty development activities for PA faculty? If yes, please offer any suggestions and recommendations.

Strategy for Obtaining Evalutor's Feedback

As with the participants, we encouraged theevaluators to provide us with feedback during rather than only after the workshop. Evaluators provided us with written evaluations which typically summarized the comments they made during the workshop. (Tab G.)

Faculty Self-Evaluation

We met several times during the workshop to discuss what we were doing and to make necessary "in-flight" changes. We also had a de-briefing session following each workshop in which we summarized our thoughts and made plans for the next workshop.

Findings

LEARN MORE ABOUT THE BACKGROUNDS, INTERESTS AND NEEDS OF CLINICAL COORDINATORS

The needs assessments and the interactions with participants

provided us with information which should be valuable in future faculty development efforts.

HELP PARTICIPANTS BECOME SUFFICIENTLY EXCITED ABOUT THE SKILLS THEY NEED FOR DEVELOPING HIGH QUALITY CLINICAL PROGRAMS SO THEY WILL WANT TO CONTINUE WORKING ON THESE SKILLS--

The majority of the participants have expressed interest in participating in future faculty development efforts. Many of them have specific interests they would like to pursue at future workshops.

Some workshop participants were instrumental in establishing a committee in connection with APAP which is charged with developing further faculty development efforts.

When asked what issues, strategies and principles discussed/implemented at the workshop they would like to explore more fully, participants responded with a long list. Items named frequently included ways to:

--use videotechnology in instruction and evaluation;
--help students be more active in their learning;
--utilize small group teaching in PA programs;
--develop faculty development efforts for full-time staff and preceptors;
--expand the teaching of interpersonal skills;
--help students develop skills involved in self critique;
--improve the quality of the evaluation system;
--develop and utilize patient management problems;
--evaluate preceptors.

- HELP PARTICIPANTS BECOME SUFFICIENTLY COMMITTED TO THE BASIC PRINCIPLES OF EFFECTIVE INSTRUCTION THAT THEY WOULD WANT TO INTRODUCE/CARRY OUT THESE PRINCIPLES IN THEIR OWN PROGRAMS

  When asked, what, if any, principles, ideas, and strategies participants would like to try out in their own programs, they again named numerous items. Items named most frequently include:

  --introducing/expanding the use of videotechnology in instruction and evaluation;

  --working with staff in helping them learn to provide more constructive critique to students;

  --developing ways students can have greater responsibility for their own learning, including eliciting/securing feedback from their preceptors;

  --expanding the teaching of interpersonal skills;

  --designing and carrying out faculty development efforts for preceptors and full-time staff;

  --improving the evalution program;

  --developing ways students can be helped to learn the skills involved in self critique.

- HELP PARTICIPANTS DEVELOP AND CARRY OUT "WORKSHOP PROJECTS" WHICH ARE RELEVANT TO THEIR PROGRAMS

  All but one program carried out a workshop project. These projects are described in the National issue of NEWSNOTES (See Tab E). The preliminary information collected from a follow-up questionnaire indicates many participants are continuing to expand on their projects and to share their materials with other programs.

- MODEL A WAY OF TEACHING WHICH PARTICIPANTS WILL, HOPEFULLY, WANT TO EMULATE IN THEIR OWN PROGRAMS

The way teachers treat learners can have a more powerful effect on learners than what teachers say to them. We were hoping to model a collaborative rather than an authoritarian approach to teaching--an approach in which the teacher is facilitative, open and supportive and encourages the learner to be active in his/her learning process. The kinds of terms the participants used to describe the faculty suggest the staff was successful. Terms used most frequently were: "open", "facilitating", "supportive", "modeled what they said", "non-threatening", "flexible". Two participants felt they would have liked the staff to be more directive on some occasions, but it is possible this reaction comes from persons so accustomed to an authoritarian model of teaching, they were not ready for an approach the large majority found very helpful.

- TO ENCOURAGE PARTICIPANTS TO BE MORE ACTIVE IN THEIR OWN LEARNING, AND, HOPEFULLY, TO WANT TO ENCOURAGE THEIR OWN STUDENTS TO BE MORE ACTIVE LEARNERS

Many students in the health professions are so accustomed to being passive during their training that they find it difficult to grow as a professional when they are out ir practice. We wanted to encourage the participants to help equip students to be self-directed learners. One way we attempted to do this was by encouraging the participants to be active learners at the workshopsand to reflect on this way of learning. The participants did become actively engaged in the activities at the workshop s. In their evaluation logs, a number of them reflected on ways they had facilitated or blocked their own learning. Some of the most frequently named ways in which participants noted they blocked their learning are as follows:

"I was afraid at first to say anything because of my concern about what others might think."

"I became fatigued by the end of each day and couldn't take in anything more."

"I am shy in a new group."

These are some of the ways participants felt they facilitated their own learning:

"I tried to stay open to new ideas."

"I took some risks."

"I discovered it was good to find out what areas I need to work on. I didn't feel badly to learn about my weaknesses."

"I was actively involved."

HELP PARTICIPANTS DEVELOP A NETWORK

Participants have been corresponding with one another and are eager for workshops in which they will make contact with people they met at the past workshops and meet new colleagues from other regions.

Other Evaluation Considerations

As noted, we invited participants to assess the different curricular components of the workshop. We invited them to do this during the sessions themselves Participants were invited to assess the logistical considerations. In the South Central region, participants decided that the meeting place for Workshop I was inadequate and so Workshop II, at their suggestion, was held in Atlanta. The participants' reactions to their colleagues was for the most part very positive. In general, they seemed to have learned a great deal from each other.

Hollywood Workshop

On April 26, 1979 a half day workshop was held in conjunction with the annual meeting of the Association of Physician's Assistant Programs. Participants included workshop project alumni, as well as additional interested PA faculty. The focus was on consolidating the work of the project and encouraging collaboration among PA programs.

Cost Considerations

Cost considerations did not become an issue for most participants because the Federal Government underwrote their travel and programs covered most of the costs not reimbursed by the $40 per diem allowance.

ADMINISTRATIVE AND FINANCIAL CONSIDERATIONS

The staff made all the arrangements necessary for accomodations and working facilities. This included a pre-site visit to all the facilities.

Communications and materials relating to the workshops were distributed to the appropriate workshop participants and the Advisory Committee.

The Advisory Committee met in July, 1978 to reflect on the first workshop series held in Bethesda and to make recommendations for the workshops in the other two regions.

The Advisory Committee met in April, 1979 to discuss the workshop series and to make general recommendations as well as specific recommendations regarding prototype workshops (e.g. format and content).

The staff made arrangements for valid workshop costs and arranged for the travel and per diem of the staff, Advisory Committee and participants and for the honoraria for the consultants and Advisory Committee.

RECOMMENDATIONS

Prototype Workshop (Format)

1) An effective distribution of workshop days is a 3 day workshop followed 2 to 3 months later by a 2 day workshop.
2) Opportunities should be provided for participants to develop their own "workshop projects" which they can work on between workshops.
3) Participants should be contacted before and after the workshop series, e.g. for a needs assessment and follow-up.

4) Faculty should provide support and consultation between workshops. This support should be structured if the learners are beginners.

5) There should be one faculty member to every 8 to 10 participants.

6) The faculty should model what they intend to teach.

7) Workshops should be highly participatory -- large group presentations and activities should be minimized and small group, individual and team activities stressed.

8) Workshops should be experiential rather than didactic.

9) Teachers should function as facilitators and consultants rather than providers of answers.

10) Participants should be encouraged to be active in their own learning.

11) Peer learning should be encouraged.

12) Network building should be encouraged among participants.

13) Participants should be helped to see that the workshop series is not a "crash" course on how to be teachers, but rather, a part of their on-going professional development. They should be helped to understand that the skills involved in being an effective educator are as complex, if not more so, than the skills involved in being an effective clinician.

Prototype Workshops (Content)

The content will depend on the particular audience. Some topics which are relevant to the needs of the participants in this project are:

1) using videotechnology in instruction and evaluation
2) developing helpful and meaningful evaluation systems
3) fostering collaborative learning between preceptors and students
4) helping students be more active in their learning
5) designing effective learning experiences which will prepare students for real world needs
6) designing faculty development efforts for preceptors
7) helping preceptors and instructors provide constructive feedback
8) utilizing small group teaching in PA programs
9) fostering better communication among physician preceptors, PA faculty and PA students

General Recommendations

1) Faculty development is key to the development of high quality teaching programs and so should be a high priority, continuous effort. The process of helping people become effective teachers and teachers of teachers takes years, not days. The vast majority of PA faculty have little or no preparation for teaching or for working with preceptors. Since the quality of educational programs depends on the competence of the faculty, it is crucial that faculty development be viewed as an important ongoing activity.

2) Faculty who conduct faculty development efforts should be experts in medical education. It would be difficult for an educator who is not familiar with the medical world to relate in an optimally helpful way to PA faculty.

3) A variety of strategies should be considered for national faculty development efforts including:

--regional workshops

--national workshops

--workshops at individual PA programs

--consultations to PA programs

--the development of learning materials which can be used by faculty in their learning and in their work with students

4) A variety of audiences should be considered for faculty development efforts including:

--"front-line faculty"

It could be helpful to hold further workshops for persons responsible for the clinical component of PA Programs. It is important, however, not to encourage the dichotomy between pre-clinical, classroom-based learning and clinical learning. Students should be introduced to clinical problems and issues from the first day they enter training programs. The basic sciences should be learned in the context of real, clinical issues. Students should begin practicing skills, such as problem solving, during the first weeks of training instead of memorizing information from the basic sciences--some of which is irrelevant to their future work. Because of the importance of integrating pre-clinical and clinical learning, we recommend that future workshops focus on the entire training program (topics pertinent to the whole program) and that persons responsible for what now is the pre-clinical component

be included.

It is important that faculty and staff "on the front lines" be included in future faculty development efforts. Many of the workshop participants had never attended regional or national events and said these privileges are usually reserved for program directors.

--"front-line faculty" and policy makers

It is important that people who attend the workshops have decision making power, so they can introduce new ideas to their programs. In some programs, clinical coordinators have very little power and thus have difficulty effecting change in their programs. It might, therefore, be helpful to hold workshops which include a front line person, such as a clinical coordinator, plus someone who determines policy within the program, such as the program director.

--PA and MD faculty

PA Programs are training people who are to become members of health teams which include physicians and others. It would be very useful, therefore, to hold faculty development workshops which include faculty from PA programs as well as medical school faculty and faculty from other health professions. It might be wise to begin with workshops focusing on persons involved in training PA's and physicians since a good PA-physician relationship is critical in both instructional and work settings.

--preceptors

Still another audience for future faculty development efforts are the physicians who serve as preceptors for PA students. Most of the PA staff do not have the background, experience or credibility to conduct high quality faculty development efforts with preceptors. Although PA staff can contribute to these efforts, it is important that staff for faculty development workshops include experts in the area of faculty development who will be accepted by the physicians.

--PA faculty, preceptors, students from individual programs

A strategy which has been helpful in medical education is to hold a workshop for the full-time faculty, preceptors and students in a program. With this strategy, the workshop can be geared specifically to the needs of an individual program.

Costs Associated with Implementing Prototype Workshops

This project cost approximately $200,000.00, or roughly $33,000.00 per workshop. Future workshops with comparable characteristics (e.g. similar number of participants, similar locations) would probably cost on the average of $40,000.00 per workshop. The increased costs are due to inflation and also to some items not included in the budget for this workshop. For example, a needs assessment is essential for an effectively planned instructional effort. (Ways would need to be developed to overcome some of the time-costly and cumbersome work now involved in obtaining clearance for such an effort. George Washington University underwrote the costs for this effort in this project.) If an indepth, meaningful system of evaluation is to be developed, this will also require funds. (The National Center for Faculty Development underwrote a follow-up effort for this project.) Adequate funds need to be provided for the kinds of consultants needed as faculty for high quality workshops. The consultants on this project, for example, regularly receive considerably more per day from others for this kind of work than the $150 per day provided by this contract. People of this quality should not have to make such compromises when contributing to a Federal project.

Workshops which are not similar to those held in this project (e.g., with different numbers of participants) need to be individually costed out.

EXHIBIT A

SUMMARY OF WORKSHOP GOALS

EXHIBIT A

OVERALL GOALS OF WORKSHOPS I & II

Workshop I

To help participants explore ways of assuring the effectiveness of clinical instruction.

To assist particpants develop plans of action for projects that teams from each PA program undertake between workshops.

To provide opportunities for teams from PA program to expore ways in which they can collaborate with each other.

To explore and practice skills involved in clinical supervision.

Workshop II

To continue exploring ways of assuring the effectiveness of clinical instruction in PA programs.

To provide opprotunities for participants to share and get feedback on workshop projects.

To explore issues involved in implementing educational programs.

To explore practice skills involved in group leadership.

To consider ways small group instruction can be used in PA programs.

EXHIBIT B

PROJECT ADVISORY AND WORKING COMMITTEES

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EXHIBIT C

FACULTY DEVELOPMENT WORKSHOPS

FOR

PHYSICIAN'S ASSISTANT PROGRAMS

A LIST OF PARTICIPANTS

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EXHIBIT D

This is a sample of NEWSNOTES I & II. This type of newsletter was sent to each participant between Workshops I & II to provide information and to maintain the participants' interest in the project.

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N E W S N O T E S

Exh.D-1

PHYSICIAN'S ASSISTANT PROGRAM FACULTY DEVELOPMENT WORKSHOPS

WESTERN REGION
December 3-6, 1978
February 25-27, 1979

WORKSHOP PROJECTS

The workshop projects you are undertaking are exciting. Already, PA's who participated in the Eastern and South Central Workshops have asked if there isn't some way they can share their projects with you, and also find out what you are doing. The summaries you gave us on your transparencies are included later in these Newsnotes.

PROGRESS REPORTS

During the week of January 23, 1979, a member of our staff will telephone you to see how you are doing with your projects and whether there is any way we could be of help. We would like to put together a second Newsnotes focusing on your progress, so during that call, please give us any information you would like to have appear in Newsnotes, e.g., what steps you have already taken, materials you would like others to bring to the February Workshop, etc..

MINI-POSTER SESSIONS

In response to your suggestions, we plan to make space for each program to set up a small display at the February Workshop. You might want to bring brochures and other materials to give to each other, as well as materials interested people can ask to have duplicated.

WORKSHOP SCHEDULE

February 25-27, 1979: A detailed schedule will appear in the next Newsnotes. We are planning to start promptly at 7:30 P.M. on Sunday, February 25, so we can attempt to cover as much as possible. We will finish at 12:00 Noon on Tuesday, February 27. If you are planning to fit in some skiing, we recommend that you make reservations now. Even if you are not a skier, you might want to spend a day in the mountains. (You deserve it. You've been working hard. If you have difficulty getting an extra day, just let your supervisor know it's important for you to model health promotion.)

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Exh.D-2

N E W S N O T E S

PHYSICIAN'S ASSISTANT PROGRAM FACULTY DEVELOPMENT WORKSHOPS

WESTERN REGION
December 3-6, 1978
February 25-27, 1979

REIMBURSEMENTS

Travel reimbursements for the last workshop are being processed as they come in and will be forwarded to you as soon as possible.

RESERVATION CONFIRMATION

Attached is a reservation confirmation form for the February 25-27 workshop at the Denver Holiday Inn. Please fill it out immediately and return it to Jim Hughes at the address on the form.

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Exh.D-3

BAYLOR COLLEGE OF MEDICINE PA PROGRAM

Carl Fasser and Dianne Barney

Issues

Traditionally we have looked at ways of improving student skills and giving them more information in their basic science curriculum. Now we would like to focus on their preceptorship (which lasts one whole year). 6 students are assigned to each preceptor. How well do these preceptors do their job?

Different faculty members have different skills and different ways of doing things. There is great variation in content and process from preceptor to preceptor.

Strategies

We will plan and hold a faculty workshop (5 hours) using audio and videotape for feedback. We will bring preceptors together and allow them to develop evaluation criteria for student/patient interactions. We will also do role-playing by faculty using their own criteria. Followup will be done by the psychiatry department -- of preceptors as well as students.

Concerns

Potential problems are the degree of faculty interest, their preference for the medical model approach, their continued use of the criteria developed, their previous time commitments.

Help Requested

We would like to review the work of others in this area.
We need outside evaluation of the project.
We need to review the faculty/student interactions after the workshop. Is there improvement? Is reinforcement necessary?

UNIVERSITY OF COLORADO CHILD HEALTH ASSOCIATE PROGRAM

Pat Berens and Bonnie Schmidt

Issues

Upgrade and increase the educational content and quality of pediatric clinics for senior students, utilizing existing sites.

Strategies

1. Plan orientation session for students (1-2 hours)
2. Develop orientation/evaluation form for students and preceptors.
3. Continue individual interviews and contact with preceptors and students (including feedback on this project)
4. More student responsibility for evaluation process
5. In-staff pilot project to improve skills with social worker on staff. Includes role playing and videotaping.

Concerns

Time, secretarial help, unrealistic student expectations about any possible chance, and possible problems with faculty reaction to pilot project

Help Requested

Description from other programs of practice sessions they have held for faculty to teach observing and responding skills

DREW MEDEX PA PROGRAM

Cecil Walker and Ruth Webb

Issues

The goal is to improve our students' medical problem solving skills, using videotape presentations of programmed inputs, case development, appropriate practice of required skills and instructor feedback.

Strategies

1. Utilization of available resources at Drew
   A. Medical Faculty
   B. Administrative Staff
   C. Clinical Instructors
   D. Audiovisual Sepcialist
   E. Curriculum Specialist
   F. Education Department

2. Basic Format

   Each video presentation will require that the student identify and list significant historical, physical and laboratory data useful in the evaluation of the patient presented. Then the student will make a problem list, differential diagnosis and plan of management. Instructor feedback and discussion comes at the end.

   Video feedback will occur after each portion of the examination, i.e., history, physical, lab, etc.

Concerns

The main problem is the time constraint of the involved faculty members.

Help Requested

We will try to have one complete videotape ready for the February workshop so you'll be able to critique our work.

MEDEX NORTHWEST PROGRAM

Dennis Bruneau and Kathleen Lester

Issues

We feel comfortable with the academic part of our program, but feel that our preceptorship experience is too "free-form." While we wish to maintain some of that "freedom," we feel that more structure is needed.

We plan to initiate more specific objectives for the preceptorship, have more adequate control of the learning process, and provide more educational structure, perhaps in the form of common medical topics (e.g., hypertension) which could be addressed.

Strategies

1. Select 12 medical topics as subject matter
2. Develop objectives, requirements and evaluation methods for those 12 topics
3. Design a preceptor conference around those objectives and concentrate on the practical implementation of the educational topics.

Concerns

Potential problems include: time, student and preceptor compliance, coordination with faculty, preceptors and student, and evaluation methods.

Help Requested

Any suggestions would be appreciated.

UNIVERSITY OF NEBRASKA PA PROGRAM

James Somers and Tim Frary

Issues

We need to redesign and implement new guidelines delineating direction and responsibility for the preceptors and students during the four month Community Clerkshop. Current guidelines are four or five years old and are considered inadequate by the preceptors, students, and by us.

We will design an instructional package to:

1. Define instructional responsibilities of the preceptor
2. Define self-instructional responsibilities of the student
3. Design learning tasks in various modes to supplement clinical instruction
4. Design guidelines to assistant students and preceptors in evaluating their own performance in the clinical setting and their relationship to each other.

Strategies

1. We will analyze and integrate data from the past and current Community Clerkships
2. We will revise and expand the present guidelines
3. We will delineate preceptor and student contributions and responsibilities based on student, preceptor and faculty input
4. We will delineate and integrate expanded instructional modes
5. We will synthesize the above and write a summary
6. We will implement the guidelines at selected clerkship sites
7. Evaluation by students, preceptors and faculty will be done.

Concerns

1. Possible lack of preceptor cooperation and student compliance
2. Difficulty in monitoring and feedback
3. Logistical difficulties
4. Difficulties in communicating exactly what is desired to preceptors and students

Help Requested

1. Other program guidelines for students and preceptors
2. We need criteria for success: objective and subjective
3. Guidlines/strategies for facilitating preceptor/student communication, feedback and evaluation.

UNIVERSITY OF NORTH DAKOTA FAMILY NURSE PRACTITIONER PROGRAM

William McKinnon

Issues

We plan to evaluate student progress during a decentralized preceptor program.

Strategies

1. Obtain current class input.
2. Look at existing evaluation techniques (logs, preceptor evaluations, learning package assignments, etc.)
3. Look at other program models.
4. Look at what could be done during didactic phases to assess student progress. (Would this reflect how they are doing in the preceptorship?)

Concerns

New classes begin February 5. Will staff have the time to adequately assess the problem?

Because of decentralization, will the evaluation process ever be ideal?

Help Requested

We would like to look at evaluation techniques used by other programs.

Stanford Primary Care Associate Program (Nelson Herlihy and Victoria Milton)

and

University of California at Davis Family Nurse Practitioner Program
(Betty Walraven and Jan McCann)

The two programs will work on a project together.

Issues

We want to develop faculty feedback skill workshops. Our goal is to implement new ideas on how to get feedback from preceptors and students. We also want to develop and enhance our own interpersonal and evaluation/ feedback skills.

Strategies

We will plan and implement a faculty workshop to view and experientially participate in the feedback process. Faculty will be videotaped giving students feedback as part of the oral examination process early next year.

The faculty will bring back a tape of one particular encounter that was particularly difficult to share with the group. We will critique those tapes at feedback session, hopefully providing good role modeling behavior ourselves.

Concerns

Potential problems include: our readiness to be role models in the feedback process; logistics, including decentralization of the faculty; recruitment and support of faculty in a non-threatening way; attendance by an already overcommmitted faculty; and acquiring expert advice to meet our needs.

Help Requested

We would like you all to review and critique our feedback skills at the February meeting. We will bring videotapes to facilitate this process.

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - DALLAS

Jed Guilbeau, Renee Casella and Greg Thomas

Issues

We plan to design and implement an improved method of evaluating student clinical skills at the end of their hospital-based rotation. Audiovisual aids will be used.

Strategies

1. Develop a format for the evaluation - e.g., checklist for history and chief complaint
2. Select the skills to be tested
3. Decide on the frequency of evaluation (probably only at the end of rotation)
4. Technical considerations - use of rooms, A.V. equipment, etc.

Concerns

1. Health Science Center approval and cooperation (not a major problem)
2. Special concerns in pediatrics and OB/GYN regarding videotaping. We will probably use only audiotape and have the supervisor present.
3. Financial considerations

Help Requested

We will need the assistance of the AV department, educational consultant, program faculty and the faculty of the Allied Health Department.

We plan to bring videotapes to the February workshop for your critique.

UNIVERSITY OF TEXAS AT GALVESTON PA PROGRAM

Richard Rahr and Larry Bradley

Issues

Identify the content, method and resources for the Internal Medicine Rotation.

Develop, implement and evaluate the special skills lab (including EKG's, X-rays, hematocrit slides, UA slides, intubation, drug identification, I.V.'s, caths, arterial, puncture, etc.)

Strategies

Feasibility and Desirability (to be determined by data below and group discussion)

Graduate Follow-up Study - information available since 1973

Rotational evaluation summaries since 1973.

Concerns

Space

Funding

Staffing

Availability to students

Help Requested

Information on similar existing rpogram, including set-up, utilization and evaluation.

UTAH MEDEX PROJECT

Harry Felton and Konrad Kotrady

Issues

Our goal is to assess MD/PA team growth and development during the preceptorship phase of training over a 6 month period. We need to look at the level of student responsibility and how it changes over time, as well as at the patient problems which students are encountering.

Strategies

We need to redefine our current concepts of a "working team." We already have preliminary data from 5 practices (5000 patient encounters) over a 3 month period.

Our initial data presents some interesting findings, e.g., 31% of the patients students see are under 6 years old.

We have questions about the validity of the preliminary data: log books have their problems.

We need to revise our curriculum and preceptorships in light of the new data.

Some of the tasks we'll be tackling include:

Staff education - takes time and energy
Train students during the academic year in how to use log books
Analyze current data
Preceptor orientation
Review of the literature
MD/PA feedback and evaluation of preceptorship experience
Assessment of how applicant pool affects data
Develop and refine data collection system
Analyze data

Concerns

Potential problems include: time/energy/money; staff and preceptor acceptance; student compliance; and questions of data validity.

Help Requested

We'd appreciate unpublished data on the PA role and level of function, as well as preceptor orientation materials.

WISCONSIN-MADISON UNIVERSITY PA PROGRAM with MARSHFIELD MEDICAL FOUNDATION

Chris Monk and Tim Bauer

Issues

By asking the question, "What is a PA capable of," we want to help our physician preceptors redefine the role of the graduate PA and become better teachers. Other questions: Is the PA on rotation to get a structured educational experience, or should he/she just pick up things in a hit-or-miss fashion? What is a good teacher?

Strategies

We will use the Wisconsin Academy of Physicians Assistant's Spring Convention and CME Seminar in cooperation with the University of Wisconsin Preceptor Workshop to bring preceptors, PA employers, student and graduate PA's together for a social and learning experience. The CME format is ideal, since the credit hours provide incentive and the social interaction should bring these groups closer together.

Concerns

Our main potential problems are funding, scheduling adequate time, and developing materials to use in the preceptor workshop.

Help Requested

We need "models" for this type of workshop which other programs have used successfully.

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Exh.D-14

N E W S N O T E S

PHYSICIAN'S ASSISTANT PROGRAM FACULTY DEVELOPMENT WORKSHOPS

WESTERN REGION
December 3-6, 1978
February 25-27, 1979

WORKSHOP PROJECT PROGRESS REPORT

Marcella Schaible, Research Associate with the National Center for Faculty Development, spoke by phone with you or the other representative from your program regarding your progress with your workshop project. As you will see in the section describing each program which appears later in NEWSNOTES, most programs are off to a good start.

FEBRUARY WORKSHOP

The schedule for the February workshop is included in NEWSNOTES. For a number of reasons we couldn't work out a satisfactory way of presenting the projects in small groups. The format we've proposed is similar to the one used with the South Central PA Programs. It worked out well there because the presentations by each program sparked off general discussions which were useful to everyone. We hope this will be satisfactory for you too.

PROJECT PRESENTATIONS

In Denver you will have up to 30 minutes in which to present your project and get feedback from colleagues and staff. We suggest you try to limit your presentation itself to about 10 minutes so there will be adequate time for questions and comments. You might want to use the following format for your presentation:

ISSUES ADDRESSED	
STEPS TAKEN SO FAR	(Steps you will have taken by the time of the February workshop)
PROBLEMS ENCOUNTERED	
POSITIVE OUTCOMES	(Including unexpected spinoffs)
ANTICIPATED FUTURE STEPS	(If appropriate, indicate additional steps you will be taking after the workshop)
MATERIALS WHICH CAN BE SHARED WITH OTHERS	

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Visuals can help keep your presentation lively. A number of you will be using videotapes. We will have an overhead projector, so you can bring transparencies if you like. (If you don't have your own materials for making transparencies we will bring some you can use.)

If you will need equipment other than a video playback unit, an overhead projector and screen, or flip charts, please let Jim Hughes know as soon as possible.

WORKBOOKS

PLEASE DON'T FORGET YOUR WORKBOOKS! We will have additional material for you. We will also refer back to some of the material we gave you at the last workshop.

MINI POSTER SESSION

Table space will be provided for each PA Program to set up a small display of brochures and other materials you would like to share with people from other programs.

PA FACULTY DEVELOPMENT WORKSHOP

FEBRUARY 25-27,1979 DENVER, COLORADO

Sunday, February 25
7:30 PM - 10:00 PM

Community Practices as Sites for Teaching

Practitioners as Teachers

Presentations:
Stanford & UC - Davis
Medex Northwest
Nebraska

Monday, February 26
8:30 AM - 12:00 N

Presentations:
Baylor
Medex - Utah
Drew

The Small Group Process:
(half of the group will meet with Hilly or Jane for a simulated small group exercise which will be video-taped and critiqued. The emphasis will be on skills needed for working with groups of students, preceptors, colleagues)

The Small Group Written Simulations:
(the other half of the group will meet with Dale for a written simulation exercise which will focus both on some of the issues involved in using small groups in teaching and written simulations as a learning strategy)

12:00 N - 1:30 PM LUNCH

1:30 PM - 4:30 PM

Presentations:
Colorado
Wisconsin

The Small Group Process:
(people who worked with Dale in the morning on the Small Group Written Simulations will meet with Hilly or Jane)

The Small Group Written Simulations:
(group which met with Hilly or Jane in the morning will meet with Dale)

Tuesday, February 27
8:30 AM - 12:00 N

Presentations:
Dallas
N. Dakota
Galveston

On Implementing Educational Programs
Dale Lefeure

Election of Representatives for Western Region
Wrap-up

ANNOUNCEMENTS

UNIVERSITY OF NEBRASKA - Tim Frary

Tim Frary and Jim Somers are redesigning the guidelines for preceptors and students during the Community Clerkship. Any information concerning experiences with legal advice to preceptors and performance checklists would be greatly appreciated. These are two specific areas of concern, although suggestions on any other guideline topics and procedures would be helpful.

UNIVERSITY OF TEXAS AT GALVESTON PA PROGRAM - Larry Bradley

In evaluating student performance during the Internal Medicine Rotation, Student Contracts are being considered. Any information or experience with this format would be greatly appreciated. Some particular items are designing of the contract and the checklist for evaluating skills and determining the appropriate grade for the level of performance.

PROGRESS ON WORKSHOP PROJECTS

BAYLOR - Carl Fasser - Dianne Barney

Baylor's project is on schedule. Members of the department of psychiatry, who regularly work with the student/patient interview component, are cooperating with the project. Student/patient interactions will be videotaped; so will the supervisory sessions. These tapes will be used primarily with the preceptors for review of their critique behaviors. In the past preceptors have tended to focus on content rather than on interpersonal skills. The use of video tape will facilitate systematic review and encourage awareness of the strategies used. Cooperation of the preceptors was aided through the familiarity and prior experience of one of the preceptors with the procedure.

Introducing the patient into the student/preceptor/psychiatrist setting was considered, but dropped due to the complexity of the interaction.

Several tapes have been completed, and hopefully will be brought to the workshop.

DREW MEDEX PA PROGRAM - Cecil Walker - Ruth Webb

Time has been an issue for Cecil and Ruth. Cecil has been ill; Ruth has little time to work on the project. The new class which started in January has taken most of the available time.

At this point,the format for the video taping has been developed. A student and patient will be videotaped during three separate data gathering components; historical, physical and laboratory data. A specific problem, glaucoma, will be presented by the patient, an actor. Following each interview session, the student will complete a check list of additional things he might have done. The check list and the video tape will be critiqued by the instructor. Each segment will be brief, no more than 2-3 minutes. The primary objective is to improve the students' medical problem solving skills.

The first taping session is scheduled for the week of February 5. Time is the only problem.

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - DALLAS - Jed Abuilbeau
- Renee Casella

Dallas' project is 75% completed. Jed and Renee have been fortunate in having a grant approved to purchase equipment needed for the project; meanwhile they are using the school's equipment. Twelve students on rotations in medicine and surgery are participating in the project. (Other specialties will be added as the project develops). Two situations concerned with demonstrating skills (hand-on examination skills) are being videotaped - one is a patient-student interaction and the other is a patient-student interaction with the instructor as observer. The instructor uses a check list

as he observes the interaction. Simulated patients are used. The examination is timed. Review is conducted following the examination.

It is anticipated that the tapes will be edited, in order to demonstrate specific points, and shown at the workshop. Comments will be welcome.

UNIVERSITY OF COLORADO CHILD HEALTH ASSOCIATE PROGRAM - Pat Berens
- Bonnie Schmidt

Plans for the orientation for students are progressing satisfactorily--the evaluation form for the students and preceptors are developed. The orientation is scheduled for Wednesday, February 21.

In advance of the orientation, a workshop is being planned for faculty to improve their skills as preceptors. The social worker will serve as group facilitator at that workshop. One of the major considerations to be addressed at a planning meeting for that workshop is the possibility of including one or two students to role-play the student in the videotaping of student/perceptor critique of a student's interaction with a patient. The alternative is to use only the preceptors in role-playing. Since encouraging student responsibility in the evaluation process is one of the goals of the project, it would be desirable to have a student participate; one who is cooperative and aware of the project goals.

UNIVERSITY OF NEBRASKA PA PROGRAM - Tim Frary - James Somers

The design of the instructional manual is underway. The guidelines currently being used for preceptors and students during the Community Clerkship are inadequate. Data have been gathered from each student/patient problem reports, site visits and preceptors. The manual will have 4 sections. It will be reviewed at the February workshop for feedback.
(see ANNOUNCEMENTS for specific concerns).

UNIVERSITY OF TEXAS AT GALVESTON PA PROGRAM - Larry Bradley
- Richard Rahr

The focus of the Galveston project is the Internal Medicine Rotation(relating the identification of specific experiences in this rotation to the students' performance). In the past, no specific format has been used. Presently, a literature search is being conducted. Any information concerning existing programs would be helpful (see ANNOUNCEMENTS). It is anticipated that any evaluation material developed will be used during and at the end of the rotation. In this way, skills that have not been taught practiced, or perfected, can be identified and procedures undertaken prior to the end of the rotation.

A longer-range goal of this project is the application of the evaluation procedure to other rotations in the program.

MEDEX NORTHWEST PROGRAM - Dennis Bruneau - Kathleen Lester

Dennis' and Kathleen's project in faculty development will focus on the process as well as the content of teaching. (In the past the chief emphasis has been on content). The goal is to accomplish this without eliminating the flexibility available in the variety of preceptor settings. The student component of the project includes the development of a practice based on protocol.

A preceptor conference has been scheduled for February 16th., with students and physicians attending. Specific medical topics (with objectives, requirements and evaluation methods), will be included in the format of the program, again, with the emphasis on process. No problems are foreseen with participant cooperation.

The presentation at the workshop will center on what happened at the conference.

UTAH MEDEX PROJECT - Harry Felton - Konrad Kotrady

Konrad Kotrady is currently involved in a fellowship program and so will be unable to attend the workshop in Denver. Emil Petrusa, who has been active in the project, will take his place.

The data from a previous pilot study are being used for the project. The log books that were designed from this data have been completed and are being used by students. These log books were so useful that students are being asked to continue using them. Staff will also use them as part of the monitoring procedure.

The Medex staff has participated in a series of meetings in which the program was discussed. During the next three weekends (in February) the preceptor-physicians will be attending workshops. The emphasis of the workshops will be on getting a realistic picture of what the student is doing during the preceptorship. Attention will be paid both to the information gathered during site visits and data from the student log books.

The workshop presentations will include progress to data and future plans.

STANFORD PRIMARY CARE ASSOCIATE PROGRAM
UNIVERSITY OF CA. AT DAVIS FAMILY NP PROGRAM
Jan McCann, Nelson Herlihy, Victoria Milton, Betty Walraven

Stanford and Davis are conducting faculty development workshops in which they are focusing on feedback skills. One workshop was already held with the faculty to familiarize them with the procedure and to allow for practice. The faculty members role-played student, preceptor and faculty behaviors and were excited about using this medium to improve their teaching skills. A second workshop is scheduled for February 6 in which videotapes of faculty/student feedback, given as part of the oral examination process, will be critiqued. It is also hoped that the ordered video tape series, "Teaching Interpersonal Skills to Health Professionals" will be available for the workshop.

The project committee also plan to videotape their presentations, the format, explanations, and entire proceedings in order to get feedback on their performance. They propose to edit this so that specific sequences can be shown at the Denver workshop for feedback.

WISCONSIN-MADISON UNIVERSITY PA PROGRAM WITH
MARSHFIELD MEDICAL FOUNDATION - Chris Monk - Tim Bauer

Tim Bauer can't come to Denver because he must be present for the Hospital Accreditation visit February 26-28. The project (improving and up-grading the educational experience of the PA students), is progressing on schedule. To create an awareness of the problems and applicable strategies available, segments of the videotape series, "Teaching Interpersonal Skills to Health Professionals" are scheduled to be used at the May meeting of the Wisconsin Academy. This will be available during one of the two hour sessions. At that time, Guidance and Counseling staff from the campus will facilitate small group workshops. It is anticipated that modeling the behaviors will stimulate interest in applying this method to local situations.

Flyers announcing the program have been printed and will be distributed at the workshop.

UNIVERSITY OF NORTH DAKOTA - Wm. McKinnon - Susanna Corbett

Because a new class starts February 5, with new staff people, project activity has been limited to brainstorming. The major focus is on validating the evaluation process, particularly during the last two phases of the preceptorship. The situation is unique in that students arrange their preceptorship prior to entering the program. It is anticipated that the major efforts in changing the present format will occur after the new class is oriented to the program. The first phase of the program during which the student is primarily engaged in establishing a relationship and rapport in the community, is working satisfactorily.

EXHIBIT E

This newsletter was sent to all participants at the close of the project to provide information about PA faculty in other regions, to promote collaboration among PA programs and to encourage ongoing interest in faculty development.

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Exh.E-1

FACULTY DEVELOPMENT WORKSHOPS FOR PHYSICIAN'S ASSISTANT PROGRAMS

National Issue - June 21, 1979

FINAL ISSUE (FOR NOW AT LEAST)

The PA Faculty Development Project sponsored by the Division of Medici', Bureau of Health Manpower ends June 30, 1979. We've prepared this final issue of NEWSNOTES at the request of a number of workshop participants who were anxious to learn something about the work of colleagues in other programs. This issue is based largely on the responses we received to the questionnaire we sent to workshop participants this Spring. Here we have reported the news you gave us, as well as the material you gave us regarding materials you are willing to share, areas in which you would like to collaborate with other programs, and the current status or a summary statement of your workshop project.

REQUESTING FEDERAL FUNDING FOR FURTHER FACULTY DEVELOPMENT EFFORTS

As far as we know, no Federal funds are being set aside for faculty development efforts with clinical coordinators -- though there is an RFP for a faculty de'.lopment project which focuses on program directors, but could include clinical coordinators. If you think it would be valuable to have further projects, it is important to let your congressman and senators know how you feel. It would also be helpful to write or phone the Project Officer for this project:

Margaret Wilson, Ph.D.
DHEW
3700 East-West Highway
Center Building, Room 4-50
Hyattsville, Maryland 20782

HOLLYWOOD WORKSHOP

Some of you were able to attend a half-day workshop we held in conjunction with the national meeting of APAP. Most of the time was devoted to a lively exchange of ideas and experiences. Some people who had not been able to attend the regional workshops were at this session. Their names and addresses have been included with the attached updated list of names and addresses of workshop participants.

APAP FACULTY DEVELOPMENT COMMITTEE

As a result of this faculty development project, a committee on faculty development was organized in conjunction with the APAP. Several workshop alumni are members of this committee: Judith Willis of the Western Michigan Program; Nelson Herlihy of the Stanford Primary Care Associate Program; Walter Stein of the George Washington University Program; Wayne Cure of the Albany-Hudson Valley Program; Jim Somers of the Nebraska University Program; and Stephanie Sameth of the Johns Hopkins Health Associate Program. This committee plans to assure that there will be ongoing faculty development efforts. If you have any suggestions, please contact them.

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PROGRAM NEWS FROM AROUND THE COUNTRY

Exh.E-2

The George Washington University PA Program announces the appointment of an additional clinical coordinator, Jane Cutler, P.A.-C., formerly of the Kaiser Plan in California.

The Brooklyn Hospital PA Program is pleased to announce that Theodore D. Cohn, M.D., F.A.C.P. is the new program director,and Maureen Sullivan, W.H.C.S. (Women's Health Care Specialist) is the new clinical coordinator.

The Mercy College PA Program announces that Rob Ithetson and Merrie Johnson are the new junior and senior year coordinators, respectively.

The Western Michigan University PA Program announces that Jim Hammon, P.A.-C. has replaced Dennis DeRosia as the clinical coordinator for their program.

The North Dakota University Family Nurse Practitioner Program announces that Martha Adams, F.N.P. is coordinating the School Nurse Practitioner Component and Bill McKinnon, F.N.P is coordinating the Emergency Care Component. Both these components of the North Dakota Program are new this year.

MATERIALS/INFORMATION PROGRAMS ARE WILLING TO SHARE WITH OTHER PROGRAMS

The Baylor College of Medicine PA Program has preceptor manuals to share along with their experiences using videotechnology.

The University of California at Davis Program also has preceptor manuals to share along with student manuals, interviewing procedures and evaluation tools.

The Emory University Program has clinical evaluation forms, preceptor manuals, patient education pamphlets introducing the PA practitioner,and pamphlets introducing the PA to physicians, guest faculty and clinical housestaff -- all of which they are willing to share.

The George Washington University PA Program has preceptor manuals to share.

The Kentucky University PA Program has an attitudinal evaluation of the teaching strategy of clinical problem solving sessions to share along with their program pamphlets.

The MEDEX Northwest program has preceptorship objectives to share.

The Nebraska University PA Program has community clerkship manuals/reading lists for preceptors and students that they will make available.

The North Dakota University FNP Program will share their program manual.

The St. Louis University PA Program has videotapes regarding communication skills and PR which they are willing to share along with site visit forms and a data base checklist

The Stony Brook Program has objectives they will make available for other programs.

The Stanford Primary Care Associate Program has its many and varied experiences and written materials to share.

The Western Michigan Program has a preceptor manual and their experiences with videotechnology to share.

Exh.E-3

The Florida Program has its course outline, clinical objectives, PE evaluation forms and program brochures to share with other programs.

AREAS IN WHICH PROGRAMS WOULD LIKE TO COLLABORATE WITH OTHER PA FACULTY

Programs	Areas of interest
Albany-Hudson Valley Program	Writing a good exam and self-study programs
Bowman-Gray Program	Development of an evaluation tool
Brooklyn Hospital PA Program	Designing workshops for preceptors
Cuyahoga Program	Preceptor workshops and clinical eval tools
University of California at Davis	Writing good tests to evaluate students' learning (test questions and subject matter)
Emory University Program	Promoting interviewing and interpersonal skills in the clinical setting -- manuals for preceptors -- experiences using video-technology
George Washington University Program	Written tests for the clinical year
Iowa University Program	Workshops for preceptors
Kentucky Clinical Associate Program	Designing workshops for faculty and preceptors
Kettering Program	Development of evaluation tools and workshops for preceptors
Nebraska University PA Program	Faculty and student self-evaluation
North Dakota Program	Development of evaluation tools for decentralized preceptorships
St. Louis Program	Preceptorship workshops
Stony Brook Program	Clinical objectives and the evaluation of interpersonal skills
Stanford Primary Care Assoicate Program	Training for PA faculty
Mercy College Program	Developing evaluation tools, designing workshops for preceptors and mechanisms for enhancing staff/student interaction
Hahnemann Program	Developing patient management problems, pooling exam questions, and discussing helpful texts.

Programs	Areas of Interest
Colorado Child Health Associate Program	"Training" for students on how to obtain the best possible clinical experiences -- preceptor workshops
Florida University PA Program	Developing evaluation tests -- and a method of evaluating the relationship between what they teach and what graduate PA are doing
Madison-Wisconsin PA Program	Developing videotechnology in clinical settings -- and clinical evaluation

WORKSHOP PROJECT SUMMARIES - ALL PROGRAMS

Albany-Hudson Valley PA Program - Wayne Cure and Karen Sadler focused on enhancing students' abilities in approaching and analyzing specific medical problems in primary care. Their project plan included the grand rounds format in which three students assigned to in-patient medicine presented a workup of a patient with a specific medical problem. The audience consisted of first and second year PA students, PA faculty and invited specialists.

Baylor College of Medicine PA Program - Dianne Barney and Carl Fasser developed audio-visual materials to help preceptors teach students interpersonal skills.

Brooklyn Hospital PA Program - Steven Carter and Chris Cummins wanted to design and implement an evaluation system which could be used not only on the in-patient medicine rotation but in other clinical rotations as well. The preceptors' reactions to the new forms have been positive. The program is attempting to involve students and preceptors more actively in the instructional process. Students are to be responsible for progress reports at the end of each rotation, and preceptors were encouraged to hold weekly tutorial sessions with the students assigned to them.

Bowman Gray School of Medicine PA Program - F.A. Blount and Virginia MacFarlane attempted to standardize and improve the quality of students' experiences on pediatric rotations. They developed a checklist they used in visiting all the preceptorships. During these visits they urged preceptors to have face-to-face evaluation sessions with their students and to rewrite the indices and objectives for that rotation.

Colorado University Child Health Associate Program - Pat Berens and Bonnie Schmidt dealt with the issue of upgrading and increasing the educational content and quality of pediatric clinics for senior students utilizing existing sites. Their strategies included: 1) orientation session for students; 2) developing orientation/evaluation forms for students and preceptors; 3) individual interviews with preceptors and students; 4) more student responsibility for the evaluation process; and 5) a pilot workshop for 6 core faculty preceptors and one from a system of outlying teaching sites focusing on interpersonal skills. A social worker facilitated this workshop in which participants were videotaped role playing typical situations which occur in well baby clinics.

Exh.E- 5

Cuyanoga Community College PA Program - Anthony Miller and Richard Salladin wanted to improve the OB/GYN and Pediatric lecture series. Outlines were designed for lecture topics. The outlines included both content and format and are for both the lecturer and the students.

Dallas, University of Texas PA Program - Renee Cassella, Jed Guilbeau and Greg Thomas wanted to implement an improved method of evaluating student clinical skills at the end of their hospital-based rotation. Their strategies included developing a format for the evaluation, selecting the skills to be tested, deciding on the frequency of evaluation and coordinating the technical considerations of videotechnology.

Davis, University of California Family Nurse Practitioner Program
and
Stanford Primary Care Associate Program - Jan McCann, Betty Walraven, Nelson Herlihy and Victoria Milton undertook the development of faculty feedback skill workshops for their combined programs. Their goal was to implement new ideas on obtaining feedback from preceptors and students. The project was also designed to enhance their own interpersonal and evaluation/feedback skills. The strategies used in the project included the implementation of a faculty workshop to view and participate in the feedback process. The faculty were to be videotaped giving students feedback as part of the oral examination process. These videotapes were to be critiqued at a feedback session.

Drew MEDEX PA Program - Cecil Walker and Ruth Webb's goal for the Drew Program was to improve their students' medical problem solving skills, using videotape presentations of programmed inputs, case development, appropriate practice of required skills and instructor feedback. Their strategies included: the utilization of available resources at Drew (medical faculty, administrative staff, clinical instructors, audiovisual specialist, curriculum specialist and the education department); the development of a basic format to include a video presentation of the student requiring the listing of significant historical, physical and laboratory data useful in the evaluation of the patient presented. The students then made a problem list, differential diagnosis and a plan of management. Instructor feedback and discussion wound up the sessions.

Duke University School of Medicine PA Program - The project Dan Domizio selected was to both improve the realtionship between the program and the clinical preceptors and to improve the clinical experiences of the student including the evaluation process. Toward these ends, the following were undertaken: 1) site visits to preceptors to assess the preceptors' feelings about the students, the quality of information they receive, the evaluation mechanisms and suggestions for future direction; 2) the development of a way to document whether students had accomplished the tasks required for the clinical rotation; and 3) a file on rotational sites to include student evaluation of their experiences at those sites.

Exh.E-6

Emory University PA Program - Ann Flewelling, James Blansfield and Robert Jarski were concerned with improving communication between the clinical instructors and the students regarding performance and expectations. Their strategy was a series of steps to be implemented to improve the situation, including: 1) having the students complete and share their self-critique prior to the rotation; 2) having clinical instructors and students complete performance critiques at mid and end rotation; 3) having a sit-down session with the instructor, student and clinical coordinator for the purpose of sharing these critiques at three points during the rotation; 4) using as an evaluation a form which takes sample criteria as guides; and 5) orienting students and instructors to the method.

Essex Community College PA Program - The issue for the Essex Program (Stephen Wilson, George Reisz and Katherine Kaminski) was the objective evaluation of a clinical practicum experience. This involved time logs, experience logs and objective testing based on the log experiences. The strategies included the use of a computer in assessing student progress on their clinical rotations. Selected problems were coded for computer use. Eventually theyplan to develop a fuller catalogue of problems to ensure that students are receiving a broad range of experiences.

Florida University PA Program - The issue addressed by Randy Bennett and Richard Wilkes was the development of a physical examination assessment "instrument". PE forms were solicited from other programs for comparison or incorporation into their new form. Students were to be evaluated following a course on patient evaluation. The examination will be administered again during and after the students' rotations to determine whether the students' skills are improving.

Galveston, University of Texas PA Program - The issue for Larry Bradley and Richard Ranr of the Galveston Program was to identify the content, method and resources for the Internal Medicine rotation and to further develop and evaluate the special skills lab. Their strategies were to investigate the feasibility and desirability of using information from a graduate follow-up study done in 1973 and the files of rotation summaries from 1973.

George Washington University PA Program - Walter Stein and Adelaide Brescia wanted to improve the OB/GYN rotation. A site evaluation was completed along with the revision and preparation of orientation packets. Meetings were held with the administration, medical staff officers, preceptors and students and follow-up visits have been made to the teaching site. Their final step was meeting the residents who have responsibility for student supervision to share guidelines prepared in the orientation packet. The guidelines were well received and plans are underway to prepare similar guidelines for other rotations.

Hahnemann Medical College and Hospital PA Program - Evelyn Eskin-Major and Nate Alston focused on improving the evaluation of teaching experiences in the preceptorship. They designed and sent a questionnaire to preceptors in an effort to determine the real needs of preceptors and design meaningful workshops. They formulated, and are presently field testing, a teaching plan for preceptors. In addition, they have restructured and improved their present clinical (preceptorship) evaluation methods.

Evelyn and Nate held preceptor workshops in November, 1978 and June, 1979. At the June workshop they presented the program guidelines which had been developed from preceptor input at the first workshop.

Iowa University College of Medicine PA Program - The issue for the Iowa Program (Edward Friedman and Gary Johnson) was how to facilitate PA students' mastery of common problems in family practice medicine. Twenty common problems were identified along with appropriate guidelines for evaluation and management.

A second issue was identified, that of introducing students to the medical history and physical examination during the first six months of the program. The material was first presented in lecture format, followed by sessions in which students were videotaped interviewing simulated patients. It was found that students who floundered in the taping sessions paid more attention during subsequent lectures. A second videotape session showed marked improvement.

Howard University PA Program - Gloria Clemons planned to hold a workshop that would help develop a focus for defining the real needs of the training program. The workshop was to be designed for preceptors and students. A videotaped psychodrama would serve as an introduction and ice breaker for the workshop.

Johns Hopkins University Health Associate Program - Stephanie Sameth and Frank Catanzariti wanted to develop patient management questions to be used in assessing student progress in the medical rotation. Hopkins' faculty were used as resources and proved to be very valuable in providing sample questions. A matrix for the construction of these questions was developed. It can be used in constructing exercises tailored to individual needs and objectives.

Kentucky Clinical Associate Program - Dianne Schneider and Glen Combs prepared a series of paper simulated cases which allow pre-clinical students an opportunity to practice and discuss their abilities to solve people's health problems. Evaluation instruments were developed to measure the effectiveness of this strategy. A variety of faculty were involved in planning and implementing this project which was designed to integrate didactic and clinical teaching.

Kettering College of Medical Arts PA Program - The Kettering Program wanted to monitor and develop feedback for three new pediatric rotations. Student performance was to be monitored by an on-site visit and a student/clinical instructor/clinical coordinator conference. In addition, a feedback system was developed for use at the end of the rotation. Each student completed the instrument and each clinical instructor completed the instrument in the presence of the student and they were then compared.

Robert Christie and Clinton Trott redesigned the evaluation methods for 3 new senior pediatric rotations: 1) emergency department; 2) well baby clinic; and 3) in-hospital service with an emphasis on

a. clearly presented (and discussed) objectives before each rotation
b. evaluation during and after the rotation involving a 3-way exchange of information (preceptor-student-PA program)

This forum was designed by Robert Christie.

Lake Erie College PA Program - The issue for the Lake Erie Program (James Deyling, James Eisenberg and Janice Vinicky-Page) was to help the faculty become familiar with critiquing students by using videotechnology. They planned to develop vignettes for use with their staff.

Marshfield Medical Foundation
and
Wisconsin-Madison University PA Program - Both programs (Tim Bauer at Marshfield and Chriss Monk at Madison) wanted to help physician preceptors redefine the role of the graduate PA and become better teachers. They also had some concern about the consistency of experiences students were having while on rotation. Their strategy was to use the Wisconsin Academy of PA's Spring convention and CME seminar and the Wisconsin Preceptor Workshop to bring preceptors, PA employers, students and graduate PA's together for a social and learning experience. It was felt that this format would provide the best combination of incentive (CME credit) and social interaction. (They presented selected portions of "Teaching Interpersonal Skills" at the Wisconsin Academy of PA's).

MEDEX Northwest Program - The issue for the MEDEX Program (Dennis Bruneau and Kathleen Lester) was tightening up their preceptorship experience. They worked at initiating more specific objectives for the preceptorship, providing more adequate control of the learning process, and providing more educational structure. The plan included selecting medical topics as subject matter and developing objectives, requirements and evaluation methods for those 12 topics. They were to design a preceptor conference around those objectives and concentrate on the practical implementation of the educational topics.

Mercy College PA Program - Harriet Gales and Wesley Guset focused on establishing a committed faculty of medical residents to teach PA students at the clinical site. Harriet reports that hospital politics plus the departure of a key staff member prevented the project from getting off the ground, but she says, "Hope springs eternal, and we're developing new strategies to solve the problem."

Nebraska University PA Program - Tim Frary and Jim Somers redesigned their community clerkship manual with two main objectives in mind: 1) orienting preceptors to an active instructional role; and 2) helping students become self-directed, self-critical learners during their 16 week experience off campus.

North Dakota University Family Nurse Practitioner Program - Bill McKinnon worked with his colleagues in evaluating student progress during a decentralized preceptor program. Their strategies were to obtain current student input, looking at existing evaluation techniques and examining what other programs are doing and then deciding what could be done during didactic phases to assess student progress.

Oklahoma Health Sciences Center PA Program - The Oklahoma faculty (in particular, Dan Fox and Roger Whittaker) was concerned about the uniformity and quality of instruction their students received during the totally decentralized rotation experiences. They prepared a "preceptor's handbook" dealing with program material, evaluation forms, and a brief orientation to current educational theories and thought. The booklet was utilized as a resource for clinical faculty workshops.

St. Louis University PA Program - The St. Louis Program (Laura Stuetzer and David Wagner) wanted to achieve better interdigitation between clinical core rotations and the corresponding didactic material. As their program has developed and increased in size, it has become more difficult to give lecture material with the appropriate clinical portion. Their project was reorganizing the clinical year to accommodate blocks of didactic lectures.

South Carolina Medical University PA Program - The South Carolina Program (Deborah Towne, Rowena Sobczyk and John Campbell) has been dealing with the evaluation of skills and clinical competency. They planned to revise the preceptor evaluation forms and to develop physical exam checklists relevant to each rotation.

Stony Brook PA Program - Paul Lombardo and Sandy Witkowski coordinated the process of redesigning the evalution tool of the H&P rotation. Their strategies included involving persons who will be using the tool in its design.

Utah MEDEX Project - The goal for the Utah Project (Harry Felton, Konrad Kotrady, Emil Petrusa) was to assess MD/PA team growth and development during the preceptorship phase of the program, in particular, the level of student responsibility and how it changes over that time, as well as examining the patient problems students are encountering. Their strategies included redefining their current concepts of "working teams". They also collected information on the types of patients students were encountering. Some of the data they collected (e.g., that 31% of the patients were under 6 years of age) caused them to want to make some changes in their curriculum and preceptorships.

Western Michigan University PA Program - Judith Willis and Dennis DeRosia shepherded the development of a preceptor evaluation form - designed to be augmented by frequent contact between preceptor, student, program. Their strategy included a survey of the objectives and required readings as well as plans for a preceptor orientation dinner to be held prior to the beginning of the fall clerkship..

Wichita State University PA Program - Marc Dicker and Floyd Dowell wanted to provide their clinical faculty with an evaluation process which will assess completeness and proper technique. The evaluation tool they had been using was not a particularly sensitive device in assessing the technique as well as the interpersonal skills. Their strategies included arranging for faculty PA's, medical director and students to have an opportunity to critique the current process. Their input would provide answers relevant to content of the evaluation process; media of the process (checklist, verbal); pilot test for use of new evaluation techniques with comparison to current devices.

EXHIBIT F

These are the evaluation forms used in the Eastern Region as well as the revised forms used in the South Central and Western Regions.

PA FACULTY DEVELOPMENT WORKSHOP
Bethesda, Maryland
April 23-26, 1978

81
Exh.F-1

WORKSHOP QUESTIONNAIRE
(Sunday p.m. & Monday)

Please respond to the following questions:

1) What did you like best about the sessions Sunday evening and today?

2) What did you like least about these sessions?

3) What was done in these sessions which helped you learn?

4) What was done in these sessions which hindered your learning?

5) What would you suggest to improve the sessions?

6) What did you accomplish?

CONTINUED ON REVERSE

PA FACULTY DEVELOPMENT WORKSHOP
Bethesda, Maryland
April 23-26, 1978

82
Exh.F-2

WORKSHOP QUESTIONNAIRE
(Tuesday a.m.)

Please circle the numbers of the appropriate responses:

Key: 1) to a GREAT extent
2) to SOME extent
3) NOT at all
4) Not Applicable

	. GREAT	. SOME	. NOT AT ALL	. NA
A) To what extent did the following help you with the task of assessing critical decisions which need to be made regarding your clinical experience:				
1) presentation of model for program assessment	1	2	3	4
2) collaboration with your partner	1	2	3	4
3) critiques from your colleagues	1	2	3	4
4) consultation with the staff	1	2	3	4
5) handouts	1	2	3	4
B) Using the same scale, please indicate the extent to which the following statements regarding the presentation "Model of Program Assessment" were true for you:				
1) the presentation clearly described the value of program evaluation	1	2	3	4
2) the presentation clearly described the relationship between program planning and evaluation	1	2	3	4
3) the process described is applicable to other clinical experiences at my home program	1	2	3	4
4) the material was new to me	1	2	3	4

Comments:

PA FACULTY DEVELOPMENT WORKSHOP
Bethesda, Maryland
April 23-25, 1978

Exh.F-3

WORKSHOP QUESTIONNAIRE
(Tuesday p.m., Wednesday & Overall)

Please circle the numbers of the appropriate responses:

Key: 1) to a GREAT extent
2) to SOME extent
3) NOT AT ALL
4) Not Applicable

	GREAT	SOME	NOT AT ALL	NA
A) To what extent did the following help you with the task of defining an action plan for your workshop project:				
1) the presentations and exercises Sunday (p.m.) and Monday	1	2	3	4
2) the task of critically assessing decisions needed for your clinical experience (Tuesday a.m.)	1	2	3	4
3) the presentation on defining an action plan	1	2	3	4
4) collaboration with partners	1	2	3	4
5) critique from colleagues	1	2	3	4
6) consultation with staff	1	2	3	4
7) handouts	1	2	3	4
B) Using the same scale, please indicate the extent to which the following statements are true for you:				
1) the presentation andexercises on feedback helped me understand the essential elements of this topic	1	2	3	4
2) the session on feedback helped me offer constructive feedback to colleagues on their plans of action	1	2	3	4
3) the workshop was consistent with purposes outlined in the pre-workshop materials	1	2	3	4
4) the concepts presented and the materials distributed will be helpful for my work at my home program	1	2	3	4
5) the interactions with colleagues from other programs caused me to want to continue sharing ideas and concerns with them in an ongoing way	1	2	3	4
6) the physical setting was conducive to meeting the workshop purposes	1	2	3	4

On the back, please comment on any aspect(s) of this workshop -- particularly what contributed to or detracted from its being helpful to you. Thank you.

EVALUATION

1) Issues, principles, strategies discussed/implemented at the workshop I want to explore more fully.

2) Issues, principles, strategies discussed/implemented at the workshop I want to try out in my program.

3) Feedback and suggestions about my project that were helpful to me.

4) Ways in which the staff facilitated/blocked my learning.

5) Ways in which I facilitated/blocked my learning.

6) Ways in which other participants facilitated/blocked my learning.

7) What would you have liked to get out of this workshop which you didn't get?

8) Do you think it would be valuable to continue having national faculty development activities for PA faculty? Yes _____ No _____

If "Yes", please offer any suggestions and recommendations you can.

EXHIBIT G

EVALUATORS' REPORTS

National Commission on Certification of Physician's Assistants, Inc.

3384 PEACHTREE ROAD, N. E. SUITE 560
ATLANTA, GEORGIA 30326
(404) 261-1261

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Executive Director
David L. Glazer

April 16, 1979

Ms. Jane Westberg
11060 Paradela Street
Coral Gables, Fl. 33156

Dear Jane:

I appreciated the opportunity to serve as "evaluator" at the second meeting of the Southeastern group of PA clinical coordinators participating in the PA Faculty Development Workshop.

Although somewhat at a disadvantage because I missed the first session, I felt that, conversely, I had a unique opportunity to view two different regional groups.

The thrust of the SE group seemed to be much different than the first group's. The projects seemed to be much more substantive in addressing the problems confronting the clinical coordinator. I was particularly impressed with the rather ambitious projects that dealt with interpersonal skills and clinical evaluation.

I think the SE group was also very cohesive. They all seemed very comfortable with each other and, therefore, free with comments, both positive and negative.

I think you, Hilly, and any other faculty are to be commended for your ability to facilitate such exchanges in such a short time. Moreover, your ability to shift emphasis as a function of the first workshop and the participant personalities/ interests was most important in establishing an appropriate atmosphere for exchange.

In reviewing some of the original Faculty Workshop documents, I am comfortable, based on my two evaluation activities, that you have met the project objectives. The fact that a medium for information exchange between "second-tier" program personnel and their desire to continue to interact may be the most important outcome of the project.

Sincerely,

David

David L. Glazer

DLG:gt

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National Board of Medical Examiners

George Washington University Workshops

for PA Faculty Development

EVALUATION OF THE WESTERN REGION
WORKSHOPS (DENVER) Dec. 4-5 & Feb. 26-27

Both workshops were well run and well organized. Certainly the faculty has developed improved confidence and methodology since the Eastern workshops in April and June 1978. The addition of Hilliard Jason was instrumental in making large improvements. However, it was obvious to me that Jane Westberg and Dale Lefever gained considerable experience in the previous efforts which was applied in these workshops to the benefit of the participants.

All in all, the faculty did beautifully in teaching, leading, orienting and guiding the participants. They are good facilitators.

The workshop intentions were met. These include (1) the exploration of ways to assure the effectiveness of clinical instruction (2) assistance in developing a project related to #1 (3) exploration of PA faculty sharing and helping each other.

All materials were helpful.

The participants proved to be a mature and open group of individuals. Although the projects varied in quality, all intentions were excellent.

I am always disturbed by people who come to a workshop and then miss parts of it because of personal affairs which are not emergencies. This is all well and good if they are paying their own way. However, when someone else pays their way, there should be a method to constrain this type of outside activity. This happened a few times during the Denver sessions.

The only other problem was the video equipment that did not work on a couple occasions, thus impeding the efficiency of the sessions.

In summary, the Denver workshops were excellent. I should add that Jim Hughes performed his role of administrator very well.

Archie S. Golden
Evaluator

ASG/hb
4/9/79

National Commission on Certification of Physician's Assistants

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Executive Director
David L. Glazer

August 1, 1978

Jane Westberg
Faculty Development Workshops
George Washington University
1229 25th Street, N.W.
Suite 300
Washington, DC 20037

Dear Jane:

As per your request, the following is a list of impressions gleaned during my time as observer/evaluator of the first Faculty Development Workshop. These impressions are presented without consideration of any changes that may have subsequently evolved.

1. Introductions. I thought the format and time spent were extremely useful. The approach served to "break the ice" and also to point out the similarity of program problems as perceived by the people who mediate between students, clinical faculty and preceptors; it provided a common bond. The focus of the workshop was also appropriate: the "second level" of training faculty. Although there is much interaction between program directors, much of this fails to filter down to other program staff who also apparently have had little opportunity to exchange ideas. This workshop provided that opportunity and the format of the introductions facilitated open exchange early.

2. Surveys. The deliberate approach to develop good survey topics and questions was also excellent. At first, I thought more time should be spent explaining the various survey results to the attendees, but I later changed my mind. Attendees have a very clear definition of their problems and are willing to discuss them. The survey, although informative, really only reinforces the universality of problems; it only crystallizes areas of concern for workshop faculty, not attendees.

3. Dale's presentation was great. In the beginning, he spoke to seven specific issues - it might be useful to summarize survey results around these seven issues. Generally, during both workshop sessions his presentations were practical, informative and cohesive.

4. The material presented by Steve Yelon during the first workshop was perhaps a bit too much and too intense. These are pragmatic people who, I believe, came to this workshop in the hope of solving their problems. Steve's material was informative, and, in retrospect, I am sure the attendees felt it was useful. But at the time I sensed that attendees were somewhat overwhelmed.

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Association of Physician Assistant Programs • U.S. Department of Defense • Federation of State Medical Boards of the U.S.
National Board of Medical Examiners

Also, there is a need to reinforce what people are doing correctly. Many of Steve's examples were not relevant to the problems encountered in clinical teaching. During the second workshop, I thought Steve's presentation (and Dale's as well) was excellent. The wrap-up focused what might have seemed like abstract concepts into direct applicability to the individual projects.

5. The projects left me feeling a little anxious. I guess I got no real sense of how the workshops helped with the projects. Rather, I felt people isolated a program problem they had not previously had time to cope with, and began dealing with it to meet the requirements of a "project." The workshop became more and more an exchange of programatic experiences with progressively less emphasis on implementation of new techniques. Nonetheless, participants will leave this workshop with a very positive feeling.

6. I thought the interview presentation was excellent, but entirely too short. It just is not sufficient to provide a five to ten minute patient/clinician exchange followed by a critique. You must allow people to participate, to implement new behaviors. I would recommend that Hilly's time be increased, particularly in the area of communication.

7. As an overall impression, I feel that the first workshop was excellent, and, not only accomplished most of what was aimed for, but also had some very beneficial unexpected fallout.

Yours truly,

David

DLG: smb

David L. Glazer

AMERICAN SOCIETY OF ALLIED HEALTH PROFESSIONS

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EXECUTIVE DIRECTOR
WILLIAM M. SAMUELS

November 28, 1978

Jane Westberg
National Center for Faculty
Development
University of Miami School of Medicine
P. O. Box 016960
Miami, Florida 33101

Dear Jane:

I have completed the assessment of the Faculty Development Workshop, Session I, which was conducted in Charleston, South Carolina.

As I have conveyed to you earlier, I can only make some suggestions based on my experience in conducting workshops which may or may not be useful to you. In no way are these comments to be construed as an evaluation but merely as suggestions.

If you would like to ask for clarification please, call and I will try to interpret my observations.

I will look forward to seeing you in Atlanta in January and best wishes for a successful workshop in Denver.

Sincerely,

Beulah M. Ashbrook, Ed.D.
Director of Education

Encl.

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COMMENTS ON FACULTY DEVELOPMENT WORKSHOP - CHARLESTON, SOUTH CAROLINA

Opening Session:

Use of small groups for introductory sessions are valuable. This may have been better facilitated, if students had numbered-off by threes rather than asking for volunteers. This gives the students a little more direction at a time when most are not yet oriented to their surroundings.

Introducing the students in small groups was probably most valuable on the first evening. In later sessions, it seemed to have lost its impact. The net result was that the students who were in a small group on the first evening, were better acquainted with that particular group than with those in other groups. Hence, there were a few people they never met. Several of the students expressed that they would have preferred for the introduction to have taken place in a large group. I personally recommend the latter and have found it to be helpful in starting group interaction. The group size you have isn't too large for a total group activity to be effective.

The sharing of topics in the large group lends itself to the use of the nominal group process. A copy of the nominal group process procedure is attached. This may save time in the decision making process and eliminate the need to change the schedule.

Session on Feedback:

The key to Clinical Instruction has potential but the shortage of time did not allow for adequate discussion and needs a statement or two about what is trying to be accomplished in the session and to set the stage for the remainder of the workshop.

In the small group discussions, it might be helpful to have one member of the group to record the ideas on a flip chart. Then to bring the session to a close, the group leader could quickly go over the list as a summary and pose a thought provoking question, arising from the discussion, to stimulate the students' thinking for the next session.

In observing the individual instructors, each were quite successful in involving students in discussion but students could have been involved a little more in planning for the achievement of the objectives for each session. For example, several students commented that use of video tape equipment was a neat idea, but what they needed was a way of learning to give feedback without the use of video tape as they felt there wasn't time for it in their schedules and for some, they didn't have the equipment. Perhaps a discussion on alternative ways of giving feedback would be useful, with the advantages and disadvantages of both being discussed.

On the whole, the faculty worked well together in coordinating their sessions and in responding to the wishes of the students.

Beulah M. Ashbrook